Sample Summons & Complaint Forms For Claimants (Employees) Denied Unemployment Benefits

DISCLAIMER: The following forms are intended solely as a guideline for those appealing decisions of the Labor and Industry Review Commission to the circuit court. It is not meant to be legal advice, nor is it legal advice in any fashion. The following forms do not in any way remove from the individual the responsibility to research and comply with all applicable statutory requirements for the filing and processing of an appeal of a commission decision with the circuit court. For legal advice, you may want to contact an attorney.

STATE OF WISCONSIN	CIRCUIT COUR' BRANCH		COUNTY (County Name)
	(Court Will Assi	gn)	
	, Plain	tiff	SUMMONS
(Employee's Name)	,		
(Employee's Address)			Case No
vs.			#30607 – Administrative Agency Review
Labor and Industry Review (3319 West Beltline Highway P. O. Box 8126 Madison WI 53708-8126,	Commission,		
Department of Workforce De UI Division Bureau of Legal 201 East Washington Avenue P.O. Box 8942 Madison WI 53708-8942,	of Affairs		
and			
	, Defenda	ints.	
(If an employer was named in the cap decision, it <u>must</u> be made a defendant			
(Address of any employer named above	re)		

THE STATE OF WISCONSIN

To each person named above as a defendant:

You are hereby notified that the plaintiff named above has filed a lawsuit or other legal action against you. The complaint, which is attached, states the nature

and basis of the legal action.

You may have an attorney help or represent you.

If you do not provide a proper answer within twenty (20) days, the court may grant judgment against you for the award of money or other legal action requested in the complaint, and you may lose your right to object to anything that is or may be incorrect in the complaint. A judgment may be enforced as provided by law. A judgment awarding money may become a lien against any real estate you own now or in the future, and may also be enforced by garnishment or seizure of property.

Dateα	·	
(Write the Date on	Which You are Signing this Summons)	
Signature of Plaintiff	f:	
	(Must be Signed by Plaintiff or Plaintiff's Attorney)	

CIRCUIT COURT BRANCH (Court Will Assign)	(County Name)
, Plaintiff	COMPLAINT
	Case No(Court Will Assign) #30607 – Administrative Agency Review
Commission, velopment of Affairs	
, Defendants tion of LIRC's - write its name here) e)	•
	BRANCH (Court Will Assign) Plaintiff Commission, velopment of Affairs of Affairs velopment of Affairs velopment of Affairs velopment of Affairs

The above named plaintiff, for his/her cause of action against the above named defendants respectfully shows to the court that:

1. The plaintiff is a/an	and resides at
(Here Write Your Occupation)	
(Here Write Your Address)	·
2. The form (Here Name the Employer)	nerly employed the plaintiff,
and the employer's address is(Here Write the Employer's Ad	ldress)
3. The Department of Workforce Development (de	
administrative agency of the State of Wisconsin that is a	required to be made a party
to this proceeding by Wis. Stat. § 108.09(7)(a).	
4. The Labor and Industry Review Commission is	an independent, higher
authority administrative agency of the State of Wisconsi	in responsible for deciding
disputed claims for unemployment insurance, with final	review authority over
disputed department decisions.	
5. On, in a proceed the Wisconsin Unemployment Insurance law, the Labor	
Commission made certain findings and, based upon such	n findings, made and
entered its decision denying unemployment benefits.	
6. Plaintiff is aggrieved by reason of said findings	s and decision, and brings
this action for a review of said findings and decision, upon	on the grounds that the
commission's decision was erroneous, in the following re	espects:
(Explain Basis for the Appeal)	

Wherefore, plaintiff demands judgment that the findings and decision complained of be set aside, and for such other or further judgment, order or relief as
the circumstances may warrant.
Dated: (Write the Date on Which You are Signing this Complaint)
Signature of Plaintiff: